

Day Care Home Provider's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child(ren)'s Ethnic Information:

☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other: \_\_\_\_\_

Meals child normally receives in care:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ LN Snack

EXPECTED DAYS OF CARE	DROP-OFF TIME	PICK-UP TIME	CHECK IF ATTENDS ON NON-SCHOOL DAYS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work/Cell Phone Number: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date Care Began: \_\_\_\_\_ Date Care Ended: \_\_\_\_\_

☐ Form Entered in Homes System: \_\_\_\_\_ Date Form Expires: \_\_\_\_\_  
(Initials)

CACFP is available to all children regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964.